

Healthier Living Workshop Participant Evaluation – Revised 12/2010

Thank you for participating in the Healthier Living Workshop, please complete this evaluation and return to your leaders.

Name _____ Number _____

Please place an X next to the number that best describes your answer to the questions.

How did you hear about the workshop? **Workshop Location:** _____ **Workshop Dates:** _____

- ☐ My Physician _____
- ☐ Previous participant _____
- ☐ Advertisement I saw in _____
- ☐ Other (please complete) _____

On a scale of 1 to 5, with 1 being poor and 5 being excellent please rate how you felt about the:	1 Poor	2	3	4	5 Excellent
Sign up process					
Time/day workshop held					
Place where workshop held					
Once in the building, I was able to access the room without any problem					
Book and tape/cd was helpful					
Healthier Living Workshop in general					
Whether the workshop was what I was expecting					
I was able to find transportation to the workshop					
Comments:					

On a scale of 1 to 5, with 1 being poor and 5 being excellent please rate how you felt about each leader.	1 Poor	2	3	4	5 Excellent
Leader 1 Name:					
Communication					
Organization and preparation					
Handled difficult situation, questions or participants					
Respected group members' needs & differences					
Overall					
Comments:					

On a scale of 1 to 5, with 1 being poor and 5 being excellent please rate how you felt about each leader.	1 Poor	2	3	4	5 Excellent
Leader 2 Name:					
Communication					
Organization and preparation					
Handled difficult situation, questions or participants					
Respected group members' needs & differences					
Overall					
Comments:					

What did you like best about the workshop?

What could be improved about the workshop?

I would recommend this workshop to a friend ☐ Yes ☐ No

Would you be interested in becoming Leader? ☐ Yes ☐ No

Any other comments:

Thank you again and we hope the skills you learned will help you in the future!